

Residential Transportation Survey

Address (do not include unit #): _____ Date: _____

Please fill out only ONE survey per household.

1. Please indicate how many people in each age range live in your household, including yourself:

0-5: ____ 6-17: ____ 18-24: ____ 25-34: ____ 35-44: ____ 45-64: ____ 65 or older: ____

2. What is the work or school zip code for each adult in your household?

Adult 1

Adult 2

Adult 3

Adult 4

Adult 5

3. How many trips of each type did your household (all adults) take during the survey week?

A single trip has one starting place and one destination. For example, if you rode the bus from work to your bank, then walked to the grocery store, and then boarded another bus to your home, that would be considered three trips—one from work to the bank, one from the bank to the grocery store, and one from the grocery store to home.

Mode of Transportation	Work/ School	Shopping	Personal Errands	Medical	Entertainment / Social	Other
Drive alone						
MBTA subway						
MBTA bus						
Shuttle (EZ Ride, TransAction, Rt 128, etc.)						
Personal bicycle						
Bikeshare						
Walk						
Carpool						
Carshare (such as Zipcar)						
Taxi/Uber/Lyft <i>by yourself</i>						
Taxi/Uber/Lyft <i>with other passengers</i>						
Personal scooter / small mobility device						
Scotershare / On-demand small mobility service						
Other mode of transportation						

4. Why do adults in your household drive alone? (Mark all that apply)

Work/School Commute Trips

Non-Commute Trips

Most convenient way to travel	<input type="checkbox"/>	<input type="checkbox"/>
Cheapest way to travel	<input type="checkbox"/>	<input type="checkbox"/>
Fastest way to travel	<input type="checkbox"/>	<input type="checkbox"/>
Safest way to travel	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy privacy, prefer driving alone	<input type="checkbox"/>	<input type="checkbox"/>
Free/cheap parking at destination	<input type="checkbox"/>	<input type="checkbox"/>
Disability or health condition	<input type="checkbox"/>	<input type="checkbox"/>
Need a car for work-related trips	<input type="checkbox"/>	<input type="checkbox"/>
Need a car for errands before/after work/school	<input type="checkbox"/>	<input type="checkbox"/>
Need a car in case of emergencies	<input type="checkbox"/>	<input type="checkbox"/>
Transit schedule or routes do not work for my schedule	<input type="checkbox"/>	<input type="checkbox"/>
Transit is unreliable	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty finding people to carpool with	<input type="checkbox"/>	<input type="checkbox"/>
Take kids to school / daycare / afterschool activities	<input type="checkbox"/>	<input type="checkbox"/>
Work hours are irregular	<input type="checkbox"/>	<input type="checkbox"/>
Concerned about bad weather	<input type="checkbox"/>	<input type="checkbox"/>
Have a lot of things to carry	<input type="checkbox"/>	<input type="checkbox"/>

5. What would cause adults in your household to switch from driving alone to walking, biking, transit, or carpooling, and/or sell a car or delay purchasing one? (Mark all that apply)

	Would Switch Work/ School Commute Trips	Would Switch Non-Commute Trips	Would sell or not buy a car
Free/reduced price for public transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More frequent public transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faster public transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More reliable public transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safer network of bike lanes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free/reduced price for bikeshare membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bikeshare available close to home or destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better bicycle/scooter storage at destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers and lockers at destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More flexible work/school hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare available close to home or destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help finding people to carpool with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting a job closer to home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting too old to drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic getting worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking became too difficult to find	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher parking prices at home and/or destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cost of car ownership—insurance, gas, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autonomous ride-hailing services newly available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern about climate change and/or pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A (would never stop driving alone nor sell/not buy a car)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

6. If adults in your household use public transportation, how do they get to and from the station or stop? (Mark all that apply)?

- | | | |
|---|--|--|
| <input type="checkbox"/> Drive alone | <input type="checkbox"/> Walk | <input type="checkbox"/> Carshare (Zipcar, etc.) |
| <input type="checkbox"/> Personal bicycle | <input type="checkbox"/> Carpool | <input type="checkbox"/> Taxi/Uber/Lyft <i>by yourself</i> |
| <input type="checkbox"/> Bikeshare | <input type="checkbox"/> Shuttle (Alewife/EZRide/etc.) | <input type="checkbox"/> Taxi/Uber/Lyft <i>with other passengers</i> |
| <input type="checkbox"/> Personal scooter/small mobility device | | <input type="checkbox"/> Scootershare / On-demand small mobility service |

7. How many of each type of vehicle does your household own?

Cars, trucks, SUVs, or vans	Gas: _____	Hybrid: _____	Plug-in Hybrid: _____	All electric: _____
Motorcycles & mopeds	Gas: _____	Electric: _____		
Scooters / small mobility devices	Kick: _____	Electric: _____	Gas: _____	
Adult Bicycles	Pedal: _____	Electric: _____		
Children's bicycles	Pedal: _____	Electric: _____		

8. Where do adults in your household usually park their vehicle(s)?

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4+
Off-street at home (parking lot/garage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-street on another property (parking lot/garage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-street (resident permit, meter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A (no vehicle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>